

**YOSEMITE DANCE COMPANY  
PARENT AND DANCER HEALTH SELF-CERTIFICATION AND RELEASE OF LIABILITY  
DUE TO COVID-19 PANDEMIC**

Yosemite Dance Company is focused on the well-being of its clients and employees. In the view of the **CORONA VIRUS/COVID-19** pandemic, we are taking precautionary measures to keep our clients and employees safe.

**This Form must be completed BEFORE you and your dancer(s) will be allowed to enter and participate in activities at Yosemite Dance Company.**

**IMPORTANT:** If you or your dancer(s) is currently feeling unwell or suffering from any symptoms such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea, we ask that you and the dancer **NOT** come to the studio.

**By Signing Below, I represent that each of the following is true and accurate:**

- 1 I understand that Yosemite Dance Company will be following all COVID-19 guidelines/restrictions. Parents entering the studio must wear masks. Dancers may wear masks. Temperatures will be scanned upon entry. Those with elevated temperatures will be denied entry. Teachers may come into contact with dancers during class when assisting dancers with proper placement. Dancers wearing "no contact" wrist bands will not receive physical contact corrections. Teachers will wear masks or face shields.
- 2 I understand that, while the studio will endeavor to curtail transmission of any communicable diseases, **TRANSMISSION MAY STILL OCCUR.** As such, I hereby release and forever discharge Yosemite Dance Company, its owners, director, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of a participant, which has been or may be sustained as a consequence of participation in class, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of Yosemite Dance Company. I understand and agree that this waiver is in addition to and does not supersede or replace any other general waiver or release that I have previously executed with Yosemite Dance Company.
- 3 I represent that neither I nor the below named dancer(s) have not tested positive for or been otherwise diagnosed with COVID-19. I further represent that neither I nor the below named dancer(s) have not been told by any health care provider or Department of Health to self-quarantine or self-isolate due to actual or suspected exposure to COVID-19.
- 4 I represent that in the past 14 days, the below-named dancer and I have not, to my best knowledge, been within 6 feet of any person who has tested positive for COVID-19, has been diagnosed as infected with COVID-19, is suspected to have been exposed to COVID-19, or is showing symptoms of COVID-19.
- 5 I represent that the below-named dancer and I are not currently suffering from any symptoms of COVID-19 as identified by the CDC, such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea.
- 6 I agree that should any of the above representations change, the below-named dancer and I will not enter Yosemite Dance Company without first discussing these changes with Jessica Hansard and receiving her permission to continue.

STUDENT 1: \_\_\_\_\_ STUDENT 2: \_\_\_\_\_

STUDENT 3: \_\_\_\_\_ STUDENT 4: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_